REQUEST FOR **CONTINUED EXAMINATION (RCE) TRANSMITTAL**

1. Submission required under 37 C.F.R. § 1.114

	02-247U				
Application Number	10/723,476				
Filing Date	November 25, 2003				
First Named Inventor	Edward J. GOUGH				
Group Art Unit	3763				
Examiner Name	BOUCHELLE, Laura A.				
Attorney Docket No.	A-70576 (449346-102)				

MAIL STOP RCE

Commissioner of Patents, P.O. Box 1450 Alexandria, VA 22313-1450

This is a Request for Continued Examination (RCE) under 37 C.F.R. § 1.114 of the above-captioned application.

	a.		Previo	usly submitted			_					
		i.		consider the amendment(s)/reply under 37 C.F.R. § 1.116 previously filed on nentered amendment(s) referred to above will be entered.)								
		ii.		Consider the argum					ously filed o	on		
		iii.		Other:					•			
	b.	\boxtimes	Enclos	ed								
		i.	× (econd Amendment After Final and further reply to Advisory Action dated March 3, 2009								
ĺ		ii.		ffidavit(s)/Declaration(s)								
		iii.		nformation Disclos	ure Statemer	nt						
		iv.		Other:								
2.	Mis	scellar	eous									
	a.		Suspens period o	sion of action on th	e above-cap	tioned applica	ation is reques	ted u	ınder 37 C.	F.R. § 1.1	103(c) for a	
		_	§ 117(i) r		monun	S. (Period of si	uspension shall no	t exce	ed three mon	iths; Fee un	der 37 C.F.R.	
	b.	Ш	Other:									
3.	Fee	es	The RCI	E fee under 37 C.F	.R. § 1.17(e)	is required b	y 37 C.F.R. §	1.11	4 when the	RCE is fi	led.	
	a.	\boxtimes	The Fee	s are calculated as	s follows:	AMOUNT	\boxtimes	Lar	ge Entity		Small Entity	
	a.	⊠ i.	F2	s are calculated as CE BASIC FEE	s follows:	AMOUNT 810.00		Lar \$	ge Entity 810.00	s	Small Entity 405.00	
	a.		⊠ F				One-Month Two-Month		810.00 130.00 490.00		405.00 65.00 245.00	
	a.	i. ii.		CE BASIC FEE EXTENSION FEES OTHER: PETITION TO R	\$ \$ EVIVE	810.00 .00	One-Month	\$	810.00 130.00 490.00 1,110.00	\$ \$	405.00 65.00 245.00 555.00	
	a.	i.		CE BASIC FEE	\$ \$ EVIVE	810.00	One-Month Two-Month	\$	810.00 130.00 490.00	s	405.00 65.00 245.00	
	a. b.	i. ii.	⊠ F	CE BASIC FEE EXTENSION FEES WHER: PETITION TO RESIDENT TO RES	\$ \$ EVIVE DNED \$	810.00 .00	One-Month Two-Month	\$	810.00 130.00 490.00 1,110.00	\$ \$	405.00 65.00 245.00 555.00	
		i. ii.	F C C C C C C C C C C C C C C C C C C C	CE BASIC FEE EXTENSION FEES OTHER: PETITION TO R ININTENTIONAL ABANDO PPLICATION	\$ EVIVE DNED \$ is enclosed.	810.00 .00 .00	One-Month Two-Month Three-Month	\$ \$ \$	810.00 130.00 490.00 1,110.00 1,620.00	\$ \$	405.00 65.00 245.00 555.00 810.00	
SUB	b. c.	i. ii.	F C C C C C C C C C C C C C C C C C C C	CCE BASIC FEE EXTENSION FEES WHER: PETITION TO R ININITENTIONAL ABANDO PPLICATION the amount of \$ missioner is hereby	\$ EVIVE DNED \$ is enclosed.	810.00 .00 .00	One-Month Two-Month Three-Month	\$ \$ \$	810.00 130.00 490.00 1,110.00 1,620.00 10 as indica 76/ENB (445	\$ \$	405.00 65.00 245.00 555.00 810.00	
	b. c.	i. ii. iii.	F C C C C C C C C C C C C C C C C C C C	CCE BASIC FEE EXTENSION FEES WHER: PETITION TO R ININITENTIONAL ABANDO PPLICATION the amount of \$ missioner is hereby	\$ EVIVE DNED \$ is enclosed. authorized to coments, to Dep	810.00 .00 .00	One-Month Two-Month Three-Month	\$ \$ \$	810.00 130.00 490.00 1,110.00 1,620.00 10 as indica 76/ENB (445	\$ \$ ted above, 9346-102))	405.00 65.00 245.00 555.00 810.00	
Firm	b. c. MITT	i. ii. iii.	Check in The Comvariance	CCE BASIC FEE EXTENSION FEES INTER: PETITION TO R INITIATIONAL ABANDO PPLICATION the amount of \$ missioner is hereby or credit any overpay	S S EVIVE DNED S is enclosed. authorized to a yments, to Dep	810.00 .00 .00	One-Month Two-Month Three-Month	\$ \$ \$	810.00 130.00 490.00 1,110.00 1,620.00 1,620.00	\$ \$ ted above, 3346-102)) elete (if app	405.00 65.00 245.00 555.00 810.00	
Firm	b. c. MITT	i. ii. iii. ED BY	Check in The Comvariance	CE BASIC FEE EXTENSION FEES WHER: PETITION TO R NINITENTIONAL ABANDO PPLICATION the amount of \$ missioner is hereby or credit any overpay DORSEY & V	S S EVIVE DNED S is enclosed. authorized to a yments, to Dep	810.00 .00 .00	One-Month Two-Month Three-Month	\$ \$ \$	810.00 130.00 490.00 1,110.00 1,620.00 10 as indica 76/ENB (448 Comp Customer N	\$ \$ ted above, 3346-102)) elete (if app	405.00 65.00 245.00 555.00 810.00 and any olicable) 75149 37,085	